

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-9068		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 06/08/15		DAY MON		TIME: MILITARY 0927	
CRASH OCCURRED ON 986 BELVEDERE LEBANON, OHIO 45036		WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION		N W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
LOG-1		LOG-2		LOC JUR FH'9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT ALLSTATE - 980471353					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) BECKMAN HEATHER		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1228 SHAWHAN RD MORROW, OH 45152									
PHONE NO. 910-308-0876		BIRTH DATE 03/14/76		AGE 39 SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. TT664263	
OWNER (IF SAME AS DRIVER, WRITE SAME) BECKMAN, JAMES		ADDRESS SAME						PHONE			
VEH YR 2004		MAKE FORD		MODEL SW		COLOR WHITE		STYLE		STATE OH	
LICENSE PLATE NO. 076 YDS		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT PROGRESSIVE - 51940789					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) AHONEN, MARKUS		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 303 PORTLAND BLVD LEBANON, OHIO 45036									
PHONE NO. 513-932-6151		BIRTH DATE m D Y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
DRIVER'S LICENSE NO.		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) AHONEN, MARKUS		ADDRESS 303 PORTLAND BLVD LEBANON, OHIO 45036						PHONE 513-932-6151			
VEH YR 2006		MAKE HONDA		MODEL 4S		COLOR SILVER		STYLE		STATE OH	
LICENSE PLATE NO. DW26ED		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D Y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D Y		AGE		SEX			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D Y		AGE		SEX			
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D Y		AGE		SEX			
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO	
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A B C D E F		DRUGS A TESTED 0 TESTED	
A <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.		OFFENSE CHARGED AND DESCRIPTION						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
O <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.		OFFENSE CHARGED AND DESCRIPTION									
RECEIVED CALL 0934		DISPATCHED 0934		ARRIVED 1009		CLEARED 1017		OTHER TIME 0000		TOTAL MINUTES 00off	
DATE REPORT FILED 06/01/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME J. HOLBROOK		BADGE NO. 127		CHECKED BY			